

~~Funds Authorizations~~

**U.S. Department of Housing
and Urban Development**
Office of Housing
Federal Housing Commissioner

~~OMB Approval No. 2502-0555
(exp. 05/31/2010)~~

Funds Authorization

Section 232

**U.S. Department of Housing and
Urban Development**
Office of Healthcare Programs

OMB Approval No. 9999-9999
(exp. mm/dd/yyyy)

Public reporting burden for this collection **of information** is estimated to average **30 minutes per response, including 1 hour**. **This includes** the time for **collecting, reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing reporting the data**. **The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and reviewing the collection of information. This is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to obtain or receive the benefits. HUD to be derived.** **This agency** may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

The regulations at 24 CFR Part 880.601 and 24 CFR Part 880.602 authorizes the Secretary of the Department of Housing and Urban Development to effectively monitor withdrawals from the Reserve for Replacements and/or Residual Receipts Funds. This information collection sets forth the information that must be reviewed and approved by HUD in order to withdraw funds from these accounts. While no assurances of No confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Instructions: Indicate the Fund for the request and provide the information for each section as requested.

<input type="checkbox"/> Reserve for Replacements Fund	<input type="checkbox"/> Residual Receipts Fund	Project Number:
Is this withdrawal request to replace appliances and/or major components with energy efficient products/systems? <input type="checkbox"/> Yes <input type="checkbox"/> No		Mortgagee Loan Number: (Optional)
		Property Address: (Include City, State, and Zip Code)
To: (Mortgagee)		Comments: (Optional)

[illegible]

Check (X) appropriate box:

- ☐ An inspection made on the date of (mm/dd/yyyy) _____ revealed satisfactory replacement and/or installation.
- ☐ An inspection will be made on the next visit to the property. Satisfactory replacement and/or installation will be determined at that time.

~~Mortgagee: Retain this record for three years.~~
~~Distribution: One copy to Mortgagor and HUD files.~~

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form ~~HUD-9250~~
Ref. Handbook 4350.1, REV-1
1/2008

This Office has approved (Check (X) appropriate boxes.) This is your authority to adjust the Reserve requirements accordingly. This authority is revocable upon written notice from HUD.

- ☐ A suspension of Deposits to the Reserve from the date of (mm/dd/yyyy) _____ to the date of (mm/dd/yyyy) _____
- ☐ A suspension of Deposits to the Reserve so long as a balance of \$_____ is maintained.
- ☐ A change in the Monthly Deposit to the Reserve from \$ _____ to \$ _____ effective the date of (mm/dd/yyyy) _____ through the date (mm/dd/yyyy) _____

Remarks (optional)

To: (Mortgagor/Managing Agent)

Name of Hub Director or Program Center Director: (please type or print)

Signature

City

State

Date (mm/dd/yyyy)